

## PART B - FEE(S) TRANSMITTAL

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26707

7590

11/15/2006

QUARLES & BRADY LLP  
RENAISSANCE ONE  
TWO NORTH CENTRAL AVENUE  
PHOENIX, AZ 85004-2391

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/837,807	04/17/2001	Hernan Jose Clarke	153308.90011	8491

TITLE OF INVENTION: METHOD AND SYSTEM FOR ENTERPRISE WIDE PRODUCTION SCHEDULING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> yes	\$1400 <del>\$700</del>	\$300	\$0	\$1400 <del>\$700</del>	02/15/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
STERRETT, JONATHAN G	3623	705-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the name of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.	<input type="checkbox"/> Robert D. Atkins, <input type="checkbox"/> QUARLES & BRADY STREICH <input type="checkbox"/> LANG LLP

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

4Sight Technologies, Inc.

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Scottsdale, Arizona

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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## 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 17-0055 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date December 7, 2006

Typed or printed name Robert D. Atkins

Registration No. 34,288

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